Statement II

Number of Coaches Disciplinwise Posted in Sai Scheme and district Coaching Centres at Ajmer

Year	Schemes	Dist. Coaching Centres	Total
1995-96	Basket Ball (1) Table Tennis(l)	Kho-Kho, Kabaddi (1) Athletics (2) Cycling (1) Volleyball (1) Cricket (2) Basketaball (1) Boxing (1) Gymnastics (1) Hockey (2)	14
1996-97	Basketball (1) Athletics (1) Volleyball (1)	Hockey (2) Cricket (1)	06
1997-98	Cricket (1) Hockey (1) Volleyball (1)	Wrestling (1) Badminton (1) Basketball (1)	07
1998-99	Table-Tennis (1) Atheletics (1) Seimming (1)	Gymnastics (1) (1) Hockey (1) Cricket (1) Volleyball (1) Kho-Kho-kabaddi	08

Drug Resistance in TB and Malaria

*287. SHRI SOLIPETA RAMACHANDRA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Tuberculosis and Malaria are increasingly becoming drug resistant; and

(b) if so, the action taken to step up the search for new and effective drugs that are not resistant to the Indian strains of these dreaded diseases?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) The data collected by the Tuberculosis Research Centre, Chennai indicates that the proportion of new cases with multi resistant strains of TB has increased gradually and is at present of the order of 2%-4% of all such patients. In the case of malaria, cbloroquine resistant, p. falciparum malaria has been reported from 292 PHCs in 190 districts of 26 StatesLJTs. However the degree and level of resistance is low. Therefore in most of the areas chloroquine is still useful as a first line drug.

Drug resistant TB arise because of improper treatment or irregular/Inadequate treatment of the disease. Therefore, it is essential to improve treatment of patients by ensuring that they complete the whole course of drug regimen, as prescribed, so that drug resistant tuberculosis is not created. Accordingly, the DOTS strategy is being gradually implemented in the country under the Revised National Tuberculosis Control Programme (RNTCP) wherein the treatment to the patient is given under supervision and direct observation, and patients are monitored until they are reliably cured of the disease. The treatment of patients with drug resistant TB is generally undertaken only in well established hospitals because of the high toxicity of the drugs used for this purpose.

In the case of malaria also, anti malarial resistance is being monitored throughout the country through 13p. falciparum monitoring teams located at different Regional Offices of the DT. General of Health Services. In areas where significant degree of resistance to chloroquine has been detected, the alternative anti malarial *i.e.* Sulpha Pyremethaine combination is being used. In case of resistance to Sulpha pyremethaine, other drugs of choice, like Quinine and Artemisine are also available.